



# PHYSICAL THERAPY BOARD of CALIFORNIA

1418 HOWE AVENUE, SUITE 16, SACRAMENTO, CA 95825-3204  
 TELEPHONE (916) 561-8200 FAX (916) 263-2560  
 Internet: www.ptb.ca.gov



## NOTICE OF INTENT TO SUPERVISE A FOREIGN EDUCATED PHYSICAL THERAPIST COMMENCING A PERIOD OF CLINICAL SERVICE

Revised January 2005

### INSTRUCTIONS:

Please complete and send this form along with a completed American Physical Therapy Association (APTA) Clinical Site Information Form (CSIF) to the Physical Therapy Board of California (Board) at the above address. **Please do not e-mail or fax either form to the Board as they will not be accepted. All forms received incomplete will be returned.**

To access the CSIF, please visit the APTA's web site at [www.apta.org](http://www.apta.org) to download a copy. If you are unable to download a copy of the CSIF you may e-mail the Board at [www.fpt.ca.gov](mailto:www.fpt.ca.gov) to request a copy be mailed to you. It is not necessary to mail a completed copy of the CSIF to the APTA.

Please print or type

Full Name of Applicant: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip Code

Name of Facility: \_\_\_\_\_ ( ) \_\_\_\_\_  
Telephone Number

Address: \_\_\_\_\_  
Street City State Zip Code

Has this facility been previously approved to supervise foreign educated physical therapists? ☐ Yes ☐ No

CCCE's Name: \_\_\_\_\_  
(Please print) Last First Middle PT License Number/Exp.date

Primary CI's Name: \_\_\_\_\_  
(Please print) Last First Middle PT License Number/Exp.date

Secondary CI's Name: \_\_\_\_\_  
(Please print) Last First Middle PT License Number/Exp.date

Will this period of service be on a full time basis? ☐ Yes ☐ No If No, how many hours per week? \_\_\_\_\_

Remarks or suggestions regarding the applicant: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

# F1B

---

### Applicant's Attestation

I have read Sections 2630 and 2653 of the Business and Professions Code and understand that I may not practice physical therapy without supervision until I have a valid license to do so. I also understand that failure to comply with the aforementioned may constitute cause for denial of my license to practice as a physical therapist in the State of California.

---

Signature of Applicant

(Blue ink only)

---

Date

### **SUPERVISOR'S ATTESTATION**

I do herewith state that I am the person whose signature is affixed below and that all statements made on the Notice of Intent to Supervise Foreign Educated Physical Therapists are true and understand that misstatements or omissions of material facts may be cause for denial of this application and could result in disciplinary action against my license. I understand the applicant cannot commence the clinical service nor identify herself/himself as a "physical therapist license applicant" (PTLA) until the applicant has received a letter from the Board authorizing such.

I understand the foreign educated applicant must be under the direct and immediate supervision by the supervisor(s) listed below. The facility is not authorized to assign any other clinical instructors to the foreign educated PTLA unless another Notice of Intent form is completed and approved by the Board.

I have agreed to be the direct supervisor, I will be responsible for the hours indicated on this form and I will notify the Board within three (3) days if my responsibilities as the direct supervisor of the applicant are terminated.

---

Signature of CCCE

(Blue ink only)

---

Date

---

Signature of Primary CI

(Blue ink only)

---

Date

---

Signature of Secondary CI

(Blue ink only)

---

Date

---

Your attention is directed to Section 2630 & 2653 of the California Business and Professions Code which reads as follows:

2630. It is unlawful for any person or persons to practice, or offer to practice, physical therapy in this state for compensation received or expected, or to hold himself or herself out as a physical therapist, unless at the time of so doing such person holds a valid unexpired and unrevoked license issued under this chapter.

Nothing in this section shall restrict the activities authorized by their licenses on the part of any persons licensed under this code or any initiative act, or the activities authorized to be performed pursuant to the provisions of Article 4.5 (commencing with Section 2655) or Chapter 7.7 (commencing with Section 3500).

A physical therapist licensed pursuant to this chapter may utilize the services of an aide to assist the physical therapist in his or her practice of physical therapy. Such aide shall at all times be under the orders, direction, and immediate supervision of the physical therapist. Nothing in this section shall authorize an aide to independently perform physical therapy or any physical therapy procedure.

The administration of massage, external baths or normal exercise not a part of physical therapy treatment shall not be prohibited by this section.

2653. (a) An applicant who was issued a diploma by a physical therapy school not located in the United States shall meet the following requirements in order to be licensed as a physical therapist:

(1) Furnish documentary evidence satisfactory to the committee, that he or she has completed in a physical therapy education that entitles the applicant to practice as a physical therapist in the country where the diploma was issued. The physical therapy education received by the applicant shall reasonably include biological sciences, physical sciences and the requirements of subdivision (b) of Section 2650. The committee may require an applicant to submit documentation of his or her education to a credentials evaluation service for review and a report to the committee.

(2) Pass the written examination required in Section 2636. The requirements to pass the written examination shall not apply to an applicant who at the time of application has passed, to the satisfaction of the committee, an examination for licensure in another state, district or territory of the United States, that is, in the opinion of the committee, comparable to the examination given in this state.

(3) Complete a period of clinical service under the direct and immediate supervision of a physical therapist licensed by the board which does not exceed nine months in a location approved by the committee, in a manner satisfactory to the committee. The applicant shall have passed the written examination required in subdivision (b) prior to commencing the period of clinical service. The committee shall require the supervising physical therapist to evaluate the applicant and report his or her findings to the committee. The committee may in its discretion waive all or part of the required clinical service pursuant to guidelines set forth in its regulations. During the period of clinical service until he or she is issued a license as a physical therapist by the board, the applicant shall be identified as a "physical therapist license applicant."

(4) Pass an oral examination administered by the committee at the completion of the clinical service if the clinical service has not been completed in a manner satisfactory to the committee.

(b) Nothing contained in this section shall prohibit the committee from disapproving any foreign physical therapy school nor from denying the applicant if, in the opinion of the committee, the instruction received by the applicant or the courses were not equivalent to that required in this chapter.